இந்த கைத்தறி துணியை ஏற்றுமதி செய்வதற்கு, முன்னாலே நம்முடைய அரசாங்கத்தின் சார்பிலே இந்தத் துறையினுடைய செயலாளரும் வேறு சிலர், இந்தத் தொழிலைச் சார்ந்தவர்களும் சென்று வந்திருக்கிறார்கள். அவர்கள் கண்டறிந்த உண்மைகளை யெல்லாம் ஏற்கனவே மத்திய அரசிடத்திலே கூறி இருக்கிறோம். மத்திய அரசு இந்த வெளிநாட்டு வர்த்தகத்தை மேம்படுத்து வதற்கு ஒரு குழு அமைத்திருக்கிறது. அந்தக் குழு இந்த அறிக் கைகளை எல்லாம் பரிசீலித்து நல்ல முடிவு எடுக்கும் என்ற நம்பிக்கை இருக்கிறது.

(ஆ) சென்னை மாநகரில் காலரா, மஞ்சள் காமாலை நோய்கள் பரவுதலும், தடுப்பு நடவடிக்கைகளும்.

Dr. H. V. HANDE : Sir, I call the attention of the Hon. the Minister for Public Health and Harijan Welfare to a matter of urgent public importance, namely, the incidence of Cholera and Jaundice in the City of Madras and the necessity to find out the exact source of these infections and take all the necessary preventive measures.

The Hon. Dr. (Thirumathi) SATYAVANIMUTHU : Sir.

Cholera.

The incidence of cholera broke out in an epidemic form during October 1968 and reached its peak by the end of November 1968, when it began declining. The year 1968–69 is a cyclic year for cholera epidemic and this was aggravated by the severe influenza epidemic that swept the city of Madras during July to September 1968, Cholera epidemics following influenza epidemic are always severe. Further the failure of the north-eastern monsoon this year aggravated the spread of the epidemic. Though the incidence of epidemic was rather severe, the fatality rate of cases was only 3 per cent the lowest ever recorded and this is due to the prompt and excellent modern medical treatment given to these cases at the Infectious Diseases hospital. A total of 4,559 cases of cholera with 186 deaths was reported in the city of Madras during January 1968 to January 1969. Prompt and effective preventive and control measures like anti-cholera inoculations, efficient conservancy, disinfection of infected houses and intensive deflying measures in the vulnerable areas were undertaken. Arrangements were also made to clear the water-supply mains and to close the pit taps thereby preventing suction of contaminated water into the mains during the non-supply hours. Extra chlorination was also arranged in regional mains by chlorine injectors. Licensing conditions were strictly enforced regarding dangerous and offensive trades. Simultaneously extra staff were posted on epidemic duty to work in the infected localities round the clock. About 4,27,007 persons have, been inoculated during 1968. A meeting was convened in the chambers of the previous Minister for Public Health at 11-30 a.m. on 28th November 1968. The Director of Health Services and Family Planning, the Director of Medical

Education, the Additional Director of Health Services and Family Planning and Assistant Director (Epidemics), attended the meeting besides the Corporation Commissioner and Health Officer. The cholera problem was discussed and the situation was reviewed in detail in that meeting. Every effort has been taken to arrest the further spread of the infection and all preventive measures are still continued in the City of Madras.

Jaundice (infective hepatitis).

Jaundice has become almost epidemic in the Madras City. A study of specific epidemiological investigation carried over about 150 cases of infective hepatitis by the epidemiological unit did not reveal any specific factor for the disease. It occurs throughout the year and especially particular areas of the city have shown greater impetus due to the local factors in those areas like close contact with infected persons in the houses through contaminated foodstuffs and drinks through flies, etc. There is a possibility of regional contamination of water-supply where there are pit taps in certain parts of the city especially in tail ends. It is one of the draw backs in cities with intermittent and defective water supply as regards quantity. Owing to the low pressure in the water mains in the tail ends of the city the taps are lowered below the ground level in pits. The possible factors for the geographical distribution of cases in the city are defective and contaminated water-supply and general insanitation, etc. A total of 2,101 cases of Jaundice with 92 deaths were reported in the city of Madras during January 1968 to January 1969. Every possible step is taken to disinfect the infected houses as soon as the report is received. In heavily infected areas the regional mains are flushed and chlorinated locally through chlorine injectors.

DR. H. V. HANDE: With regard to the statement made by the Hon. Minister for Public Health, as far as cholera is concerned, it is true that its incidence has been considerably controlled. But the statistics given about jaundice are very frightening. Is the Minister aware of the fact that only a small number of jaundice cases is reported to the Government hospitals, because a large number of jaundice patients resort to domestic remedies or quackery? In view of the fact that the statistics are frightening, why is it that the Department has not been able to find out the exact source of infections? It is nearly one year since the disease has been endemic. It does not speak well of the department. Will the Hon. Minister take the assistance of the experts outside, find out the source of infection and take steps to wipe out this disease?

THE HON. DR. (THIRUMATHI) SATYAVANIMUTHU: I have aready said that a study of specific epidemiological investigation carried over about 150 cases of infective hepatitis by the epidemiological unit did not reveal any specific factor for the disease. So the investigation may still go on.